



City of Columbus  
Mayor Michael B. Coleman

Columbus Health Department  
Vital Statistics  
240 Parsons Avenue  
Columbus, OH 43215-5331  
Phone: (614) 645-7331 Fax: (614) 645-0730



**APPLICATION FOR CERTIFIED COPIES OF BIRTHS AND DEATHS  
OCCURRING IN FRANKLIN COUNTY ONLY**

\_\_\_\_\_ Number of birth certificates – \$20 each

\_\_\_\_\_ Number of death certificates – \$20 each

For department use only:

Reg # \_\_\_\_\_

Microfilm date: \_\_\_\_\_

Aff/Supp Mf Date: \_\_\_\_\_

***Walk-in requests received after 4:15 p.m. will be processed the next business day. No exceptions!!***

*Print information about requested certificate:*

First name		Middle name	Last name on certificate	
Place of event (i.e. birth, death)  <b>FRANKLIN COUNTY</b>			City, Village or Township	Date of event (i.e. birth, death)  / / Month Day Year
Name of hospital or funeral home	A A		Any corrections/changes made to this certificate? No Unknown Yes (list):	
Parents Mother's first name		Mother's last name prior to first marriage		
Father's first name		Father's last name		
How are you paying?  _____ Cash/check/money order (Make checks payable to: The Columbus City Treasurer)  _____ Debit/credit card (Extra \$6.00 service charge). Orders received after 3:30 p.m. will be processed the next business day.  Card # Expiration Date: / /			Complete if you want mailed:  _____ Send regular mail _____ Send overnight delivery within U.S. – Add \$17.50  _____ Overnight delivery must be paid by credit card.	
Your signature:		Date: / / 200	Phone #: ( )	

*This section must be filled out for all requests:*

Your Name:
Your Address:
Your City/State/Zip: